

ADOPTION APPLICATION Department of Human Services		IMPORTANT: This form must be completed, signed by both applicants (if married) and returned to initiate adoption services.	
<ul style="list-style-type: none"> Completion of an adoption application is a condition of eligibility and the legal basis for starting the assessment process. Information on the form is confidential and may be used as part of the adoption process. 		<ul style="list-style-type: none"> Withheld or intentionally false information may result in denial of the adoption application. You may seek the assistance of staff or anyone of your choice in completing this form. 	
Family Name		Date	Area Code/Home Telephone Number
Cell Phone Number		E-Mail address	
Address (Number and Street)			
City, Village or Township		County	State Zip

Applicant #1 – Personal Characteristics and Background

Full Legal Name		Former Names		Date of Birth	Place of Birth (City, State)
Race		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not U.S. Citizen, type of residency:			Social Security Number
Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W Previous Marriages? (#)		Have you or your spouse been ordered to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any arrearages, if so, how much?		Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No If discharged, date and type of Discharge	
Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		If not employed, describe source of income			

Applicant #2 – Personal Characteristics and Background

Full Legal Name		Former Names		Date of Birth	Place of Birth (City, State)
Race		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not U.S. Citizen, type of residency:			Social Security Number
Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W Previous Marriages? (#)		Have you or your spouse been ordered to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any arrearages, if so, how much?		Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No If discharged, date and type of Discharge	
Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		If not employed, describe source of income			

HOUSEHOLD MEMBERS

Name	Birth Date	Relationship	Name	Birth Date	Relationship

CHILDREN (MINORS OR ADULTS) LIVING OUTSIDE OF THE HOME

Name	Birth Date	Relationship	Name	Birth Date	Relationship

1. Has any member of the household or immediate family been [list name(s)]

Arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name(s): _____
Convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name(s): _____
Involved with Children's Protective Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name(s): _____
Hospitalized and/or treated for a psychiatric disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name(s): _____
Hospitalized and/or treated for a chronic health problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name(s): _____
Experienced/treated for a substance abuse problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name(s): _____
Involved in domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name(s): _____

2. If you are applying to adopt a specific child(ren), please name: _____ ☐ N/A

3. Describe the broadest range of types of children you feel your family can parent – including age; physical, mental and emotional characteristics; children of a different background than your family; boys only, girls only or both; number of children, etc.

4. Have you previously applied to be an adoptive parent? ☐ Yes ☐ No If yes: Date of Application _____

Agency Name and Address _____

Have you previously been denied for adoption? ☐ Yes ☐ No

REFERENCES – The agency has permission to contact the following references by phone, letter or in person (Must be three unrelated people)

1. Name		Relationship		Telephone	
Address		City		State	Zip Code
2. Name		Relationship		Telephone	
Address		City		State	Zip Code
3. Name		Relationship		Telephone	
Address		City		State	Zip Code
4. Applicant #1 Employer – (if applicable)				Telephone	
Business Address		City		State	Zip Code
5. Applicant #2 Employer – (if applicable)				Telephone	
Business Address		City		State	Zip Code

PLEASE READ THE FOLLOWING COMPLETELY:

I (we) have received the following publications:

- Agency Adoption Program Statement (e.g. DHS-255)
- Adopting a Child in Michigan (DHS-823)
- Michigan's Adoption Subsidy Programs (DHS-538)

I (we) request to be considered as an applicant to provide my (our) home for a child needing an adoptive family.

I (we) have read all instructional material in this form and have completed it to the best of my (our) ability. By signing this application form, I (we) are agreeing to the following:

1. Waiving our rights to view any references submitted related to this adoption.
2. Our adoption worker will provide us with a completed family assessment, which will contain a summary of the submitted references.
3. Our adoption worker will contact our adult children and minor children residing outside of our home.
4. Complying with and meeting the agency requirements for adoption.
5. I (we) may voluntarily withdraw this application at any time and if dissatisfied with any action or failure to act affecting me (us), I (we) may request a hearing before a representative of the agency or department.

Signature of Applicant	Applicant #1	Date Signed	Signature of Applicant	Applicant #2	Date Signed

AUTHORITY: P.A. 288 of 1939 COMPLETION: Mandatory. PENALTY: No adoption placement	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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